South London
Cardiac and Stroke Network

Early Supported Discharge Service requirements

Supporting the appropriate discharge of stroke patients for treatment at home

'Early Supported Discharge (ESD) for up to 50 per cent of patients to a stroke specialist and multi-disciplinary team (which includes social care) in the community, but with a similar level of intensity of care as a stroke unit, can lower overall costs and reduce long-term mortality and institutionalisation rates. There would be considerable gains for both the health economy and people who have had a stroke if this model of care were routinely available However, the focus should be on those patients who will benefit most; premature discharge to inadequate community facilities is likely to increase individuals' long-term dependency and therefore reduce the more immediate savings from a shorter length of stay.'

National Stroke Strategy, 2007

'Every PCT should commission an Early Supported Discharge service that includes staff with specialist stroke skills. This service must meet all of the performance standards.'

Healthcare for London's Stroke Strategy for London, 2008

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COMMUNITY REHABILITATION

Number	Standard	Full Target
RC1	Percentage of patients contacted by a member of the community rehabilitation team within 24 hours and assessed within three days	100%
RC2	Percentage of appropriate patients whose treatment programme started within 24 hours (ESD intensity level) or seven days (non-ESD) of assessment	100%
RC3	Percentage of patients visited at home by community nursing team within 24 hours where agreed as part of care plan	100%
RC4	Percentage of patients with outcome measures recorded within one week of arrival to, and one week of discharge from, community rehabilitation service	100%
RC5	Percentage of patients with a named support worker inreach/outreach within one week of admission to community therapy service	100%
RC6	Percentage of patients with a set of short term and long term goals negotiated with them, their family/carers and the rehabilitation team of which they receive a copy appropriately formatted for their individual needs within two weeks of admission to the community rehabilitation service	90%
RC7	Percentage of appropriate patients receiving five sessions per week within the first two weeks (ESD), and/or three sessions per week for the first four weeks (non ESD/post ESD) – of OT, PT and SLT. (Weeks start when treatment starts; ongoing to enable patients to meet goals).	90%
RC8	Percentage of patients receiving cognitive/perceptual screening within one week of admission and full assessment within two weeks if required	95%
RC9	Percentage of patients previously in work receiving vocational rehabilitation	80%
RC10	Percentage of patients and family who the community rehabilitation team identify as having a need for further assessment or intervention to meet adjustment, behavioural or psychological needs and who were seen within two weeks of referral to the team	80%

Note: *Stroke strategy for London* performance standards updated November 2009

What is ESD?

- An ESD service supports appropriate patients to leave hospital 'early' and return home for treatment before the end of the expected length of stay (21 days for a stroke unit according to the Healthcare for London model).
- ESD is the provision of intense rehabilitation in the community. Therefore, the frequency of input offered from therapists needs to be the same as inpatient levels (i.e., at least 45 minutes of each required therapy per day as clinically appropriate).
- ESD is suitable for patients who do not need medical intervention or have high nursing needs (e.g. naso-gastric feeding). It is primarily for patients with a moderate level of disability and social support who need intensive rehabilitation.
- ESD is distinct from community rehabilitation due to the intensity and specificity of the service.
- Once mobility and self care goals are met, the intensity of rehabilitation can be reduced to a normal community stroke rehabilitation level to meet wider scale goals as clinically appropriate.
- ESD therapists need to be supported by trained rehabilitation support workers to enable patients with activities of daily living to ensure carryover of rehabilitation techniques. Social services also need to provide ongoing support to patients and carers.

ESD patients should

- Be medically stable
- Have good social support available at home
- Have a safe home environment or be able to be given care in a supportive environment other than their home
- Require intense therapy in at least one therapy area
- Be willing to be discharged with ESD
- Be willing to engage in rehabilitation

'Every PCT should commission an Early Supported Discharge service that includes staff with specialist stroke skills…'

An ESD service should

- Work seamlessly and avoid duplication with other services
- Have strong links to social services (i.e., re-ablement)
- Treat patients seven days a week as clinically appropriate
- Be able to pick up patients and start treatment rapidly
- Inreach to acute services
- Be able to flex around fluctuating patient numbers
- Provide nursing for patients or provide links to nursing
- Provide rapid access to medical consultation as required
- Provide access to dietetics as appropriate
- Provide access to psychology as appropriate

The above definitions were agreed by the South West London Stroke Rehabilitation workstream on 10 December 2009.